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The Ripple Effect of a Traffic Collision

BY ROBERT RAHEB

RARELY DOES ONE STOP TO consider all the effects that follow a roadway crash and all the harm it can do to the driver, passengers, and other vehicles. This article takes a look at the cascading effect of a collision on the involved parties.

THE MINDSET

Scenario: Near the end of your shift, you and your partner are returning from the hospital after dropping off a patient. The radio squawks out your unit number for a pedestrian struck; the call is almost on the other side of the district. You engage the lights and siren and start in that direction. About a minute into your response, police arrive on scene and radio that a mother and small child were struck; both appear to be in serious condition. Police request an estimated time of arrival on the ambulance and ask that you expedite the response. Dispatch also informs you that numerous calls are coming in regarding this assignment.

You have seen your share of the good, the bad, and the ugly, but this time something is getting your adrenaline pumping. Maybe it's the tone in the dispatcher's voice; the urgency heard in the police officer's voice; or knowing the location, with its high-speed traffic, that tells you this call isn't going to go well.

You are already mentally planning your treatment when the dispatcher grabs your attention as you begin to clear the third lane of right-side traffic. You accelerate through the last lane and your partner shouts, "WATCH OUT!" Before you can react, your vehicle is broadsided by a fast-moving sedan that strikes the passenger-side door with full frontal impact.

Your vehicle careens off of its trajectory and spins 180°, coming to a stop on the sidewalk facing the opposite direction. You and your partner are dazed and confused for a moment. As you begin to regroup, you both check each

other's condition and radio dispatch that you have been involved in a collision. Your partner tells you he has extreme pain in his lower right leg. You feel a trickle of warm blood down your neck from a laceration on the side of your head. You hear the tones from dispatch in the background as your call for assistance goes out over the radio. The ripple effect has begun.

IMMEDIATE EFFECTS

Much like throwing a stone into a calm lake, this collision caused a ripple effect that traveled to distant shores you don't want to visit. You approach the sedan that broadsided you and observe major front-end damage and air bag deployment. The driver is complaining of pain to his lower back, knees, and legs, but he is able to self-extricate from the vehicle. Units are starting to get on the radio requesting to respond to your collision. The dispatcher has now frozen other calls until this situation is contained and under control; she is responsible for dispatching some, if not all, of the units requesting to respond. Some units might start to "freelance" and begin heading in your direction. What about the original patients? Dispatch needs to redirect units to that call as well.

The original call came in more than six minutes ago; there is still no ambulance on scene. The original ambulance was involved in a collision, and both members suffered injuries along with the other driver. Additional ambulances now are responding to your collision and, depending on the size of your community's EMS system, you may have already overtaxed the resources. This is just the first ripple of many more to come.

Everyone around you is calling 911. The dispatcher notifies the other units responding that numerous calls are being received. Fire apparatus and police along with other ambulances are converging on your location from all

directions. The chance that any two of these units responding will be involved in another collision is high.

ORIGINAL VICTIMS

It has been almost 15 minutes since the first call's victims were struck; they still have not received any real care except for some minimal assistance from bystanders and police on scene. One thing to consider as you wait for your fellow responders is the pavement: Are you in the Southwest in the summer, where the pavement can get so hot as to cause second-degree burns to skin over a prolonged period of time? Are you in the Northeast in the middle of winter, where hypothermia can set in quickly? All of our patient care skills mean nothing if we do not get to the patient.

Fellow EMS personnel arrive at your collision and begin to treat and stabilize you, your partner, and the other driver. Supervisors and police arrive, taking statements and filling out accident investigation reports to determine what happened. Fire is on scene for extrication and to wash down fluids. Tow trucks arrive to clean and remove the vehicles to impound yards or body shops.

At the hospital, the driver is placed in an examination room, and you and your partner are in beds next to each other in another room. A police officer stops by to take the report and get your side of the story. Your partner gets taken for an MRI of his leg. Coworkers shuffle in and out to check on your status.

The officer takes your statement and appears unhappy with it. Your partner is wheeled back into the room with a shattered tibia/fibula with soft tissue injury to his knee; he is scheduled for surgery in the morning. You receive eight stitches on the right side of your head but are otherwise fine. You are discharged, and your partner stays overnight. Your supervisor puts you on medical leave since you cannot work in the field with stitches.

Your partner undergoes successful surgery; he will be discharged the next day with prescriptions for narcotic pain medication. He is out of commission for the next four to six months.

BACK TO WORK

Back at work, people are happy to see you, and you get some good- and not so good-natured ribbing about how you totaled a rig and how everybody will work with you as long as you don't drive. Your supervisor tells you that the service is being sued and that a summons was issued to you for failing to use due regard through the intersection; he cites a bunch of numbers from your state's vehicle and traffic law (VTL). It seems the other driver suffered an injury severe enough to prevent him from working. His insurance does not cover his living expenses, and his employer gives him only three weeks of sick time; he files for disability insurance.

Several weeks pass. Your partner has undergone a second surgery and is starting physical therapy. Depending on the service, he may be entitled at best to line-of-duty injury benefits that will pay his salary for a period of time. At worst, he may have no recourse except state workers' compensation benefits. Either way, he isn't making enough money.

Your vehicle has since been totaled, and you and everyone else on that unit are given a loaner vehicle until the replacement vehicle is approved by the insurance company. The loaner vehicle is badly beaten up and has no acceleration. People aren't happy about having to ride around in this all day, and they let you know it—some right to your face, others behind your back. Morale issues begin to fester.

Your partner sits at home with discomfort and pain and is now in physical therapy. The pain pills help, but they are becoming the norm, and he's starting to get dependent on them. In the meantime, he seems to be yelling at his kids more and is fighting a lot more with his wife.

FOUR MONTHS LATER

People at work are getting tired of always having to cover your partner's shift; they know it is not his fault and,

at first, they were happy to help out, but now it is becoming a burden. But the ambulance has to run, and you cannot tell the citizens, "Sorry. No ambulance today. One of the staff is injured." Morale issues get worse. This keeps spiraling down before it gets better.

Your partner and his wife are having trouble making ends meet. The fighting is worse, and now they start to attend marriage counseling; they are lucky if insurance covers it, but they still have a co-pay coming out of an already tight budget. He knows a lot of the fighting is from his own issues of self-worth, but he still misdirects his anger toward the ones he loves.

LEGAL RIPPLES

You are called in for depositions from lawyers on both sides and are getting ready for the trial. During the trial, you recount your story again and again under oath while attorneys look for some deviation from the original statement. You don't understand why this is happening and why the other driver didn't get charged with failing to yield to an emergency vehicle. It turns out that witnesses stated that when you entered the intersection, you slowed down, then sped up into the plaintiff's lane of traffic.

Before the accident, you passed a large vehicle that had yielded the right of way, but it created a blind spot for both you and the other driver that neither was able to recognize, process, or react to. Since you had the red light and you failed to give the proper notice of approach according to the state's VTL, you and the service are found at fault. Your service decides to settle the matter rather than spending time and money in court. You're not happy and still feel an injustice was done—after all, you were just doing your job, and it was just an accident.

Your partner comes back to work on a limited basis and does paperwork in the office. It will be another four months before he can ride on the ambulance again. The insurance company finally settled everything, and your service will be taking delivery of a new ambulance within the next month or two.

It has been a grueling year of anxiety,

and you are finally getting past everything. You have learned a valuable but expensive lesson about always making sure to clear each lane of an intersection and to maintain focused driving. Unfortunately, you learned it at other peoples' expense; maybe next time it will be your own.

WHAT YOU CAN DO

What are some things that you as an individual and we as a service and system can do to ensure this scenario doesn't happen to you? For starters, consider the following:

As an Individual

- Sign up and participate in an emergency vehicle operator course (EVOC)/driver training program in your area.
- Wear your seat belt at all times. As the driver, you cannot maintain control of the vehicle if you are not secured in your seat. As the passenger, you become a projectile that can strike other persons or objects.
- Focus on your driving when driving; forget about everything else.
- Keep your hands on the wheel, your eyes on the road, and your mind on your driving. Radio and computer use should be left to your partner. The siren should be operated from the steering wheel or foot pedal.
- When you must enter information into the on-board computer, do it before pulling away. Get your vehicle ready while the patient is being prepared for transport.
- When working as the care provider in the back of the vehicle, your sole responsibility is to the patient. However, when you are driving, you are also responsible for every crew member and the call's final outcome.
- Very rarely are you required to speed to an assignment or to the hospital. If your patient is not in a life-threatening condition, do not speed to the hospital. Also, the crew will not be secured and will be hampered in providing lifesaving skills if being jostled around in the back. SLOW DOWN!

As a Service

- Provide training for all members who operate ambulances. Provide not only

a lecture component but also a skills component that helps the student understand vehicle dynamics and spatial awareness.

- Acquire a simulation training system, which adds the critical third foundation of the Triangle of Training® (knowledge, skills, judgment) by introducing the student to a decision- and judgment-making process in real time that can be replayed, critiqued, and redriven to "drive" home the point of focused driving. Simulation training enables the student to develop muscle memory for high-risk/low-frequency events.
- Provide training on a regular recurring basis—annually or biannually—even if your members have never experienced a collision. All EMTs and paramedics attend some form of continuing medical education or refresher throughout their career even though they have never had a patient care violation. Don't make it punitive—make it educational.

- Don't train to satisfy liability issues. Train as though a life depends on it.
- Install some form of electronic monitoring system such as DriveCam® that constantly and consistently monitors the driving habits of your employees. When used with an educational tool that helps identify and correct mistakes prior to having a collision, the rate of return is tremendous. Disciplinary measure should always be the last resort.

As a System

- Nationally and individually, states need to adopt a standardized EVOC/driver training curriculum. Currently, it varies from agency to agency. Training programs vary from four hours of lecture to as much as 52 hours of lecture, skills, and simulation training.
- The system recognizes that motor vehicle collisions are the number-one killer of EMS personnel outside of the specialized air-medical branch.

The system recognizes that litigation payouts for ambulance collisions are substantially more than malpractice suits.

- Industry standards need to effect change to recognize the need for standardized screening and to recertify in the area of driving an emergency vehicle.
- Industry standards for vehicle design and construction need to improve further to make emergency vehicles among the safest vehicles on the road. ●

● **ROBERT RAHEB** is a lieutenant (ret.) with the Fire Department of New York (FDNY) and an emergency vehicle operator course instructor. His instruction using driver training simulators led to a 38-percent reduction in intersection collisions in FDNY-EMS. Raheb serves as the emergency response specialist for FAAC, Inc., which makes professional driver training simulators.

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